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Sent: Wednesday, September 27, 2017 10:45 AM

To: Siciliano, Lorraine < Lorraine. Siciliano@vermont.gov>

Subject: VT Medicaid EHRIP Update 9/26/17 - Important Date: 10/3/17; Prepare for PY2017 Changes; Do You

Need to Report to MIPS?

To All Vermont Medicaid EHR Incentive Program participants:

## LATEST POSSIBLE START DATE FOR PY2017 REPORTING PERIOD IS 10/3/17

The latest possible 90-day reporting period for Program Year 2017 is October 3 – December 31<sup>st</sup>. If you would like a short refresher on the changes and issues for your organization's providers who will be meeting Meaningful Use, we have a 30-minute presentation we would be happy to schedule with you (contact us at <a href="mailto:ahs.dvhaEHRIP@vermont.gov">ahs.dvhaEHRIP@vermont.gov</a>). The outline of the review is as follows:

- Changes Resulting from the August 2017 IPPS Rule from CMS
  - o EHR Reporting Period for MU Objectives and CQMs are 90 Days for All Providers
  - Changes to Clinical Quality Measures for EPs
  - CEHRT Flexibility and Extension of MU Stage 2 for PY2018
- Changes to Meaningful Use Objectives in 2017 as Compared to 2016
  - Objective 1, Protect ePHI: SRA conducted or reviewed by 12/31/17
  - Objective 8, Measure 2, Patient Electronic Access: Threshold Change
  - Objective 9, Secure Messaging: Threshold Change
  - o Objective 10, Option 1, IZ Reporting: Ongoing Documentation Requirements
  - Objective 10, Option 3A, Specialized Registry Reporting: No More Alternate Exclusion
  - o ONC EHR System Surveillance and Review Activities: "Objective 0"
- CMS Specification Sheets for PY2017 Objectives
- Other CMS Guidance and Resources for PY2017
- VT Medicaid EHRIP Audit Tip Sheet Updated
- Are your providers required to participate in the Medicare Quality Payment Programs (MACRA/MIPS)?
- Questions and Contact Information

## DO YOU NEED TO REPORT TO MIPS?

Receiving a Medicaid EHR Incentive Program payment does not exempt you from other Quality Payment Program reporting requirements. If a clinician participates in the Medicaid EHRIP, BUT ALSO participates in Medicare Part B, he or she must assess their participation status requirements for the Quality Payment Program. This can be done by simply by entering the provider's NPI at the QPP website: <a href="https://qpp.cms.gov">https://qpp.cms.gov</a>. Questions about the Advanced Alternative Payment Models (APMs) track or the Merit-based Incentive Payment System (MIPS) track can be directed to <a href="https://qpp.cms.hhs.gov">QPP@cms.hhs.gov</a> and the QPP Helpdesk number: 1-866-288-8292.



If you are aware of anyone who would like to receive our EHRIP email updates, or if you would like to be removed from this distribution list, please forward the updated information to <a href="mailto:ahs.dvhaEHRIP@vermont.gov">ahs.dvhaEHRIP@vermont.gov</a>.

Don't hesitate to contact the Vermont Medicaid EHRIP Team with any questions, and be sure to check out the <u>Vermont Medicaid EHRIP website</u> for important information about the program.

Thank you, Lorraine

## **Lorraine Siciliano**

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